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Programme planning

Consolidated report on the changes to the biennial programme plan as reflected in the programme budget for the biennium 2010-2011 and the proposed programme budget for the biennium 2012-2013

Report of the Secretary-General**

Contents

		Page
I.	Overview	2
II.	Programme budget for the biennium 2010-2011	2
	Programme 7. Economic and social affairs	2
III.	Proposed programme budget for the biennium 2012-2013	8
	Programme 2. Political affairs	9
	Programme 7. Economic and social affairs	11
	Programme 12. Human settlements	16
	Programme 18. Economic and social development in Western Asia	19

* A/66/50.

** The present report is issued in line with the provisions of resolutions 58/269 and 64/229 regarding the role of the Committee for Programme and Coordination in the planning and budgetary process.

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I. Overview

1. In its resolutions 63/247 and 65/244, the General Assembly adopted the strategic framework for the period 2010-2011 (A/63/6/Rev.1) and the strategic framework for the period 2012-2013 (A/65/6/Rev.1), respectively. It is recalled that the Assembly, in its resolution 58/269, requested the Committee for Programme and Coordination, in performing its programmatic role in the planning and budgeting process, to review the programmatic aspects of new and/or revised mandates subsequent to the adoption of the biennial programme plan, as well as any differences that arose between the biennial programme plan and the programmatic aspects of the proposed programme budget. The present report has been prepared in response to that request.

II. Programme budget for the biennium 2010-2011

2. New and/or revised mandates affect the programme narratives of the approved strategic framework for the period 2010-2011 under subprogramme 2, Gender issues and advancement of women, of programme 7, Economic and social affairs. In this case, the programme plan under subprogramme 2 has been modified in accordance with General Assembly resolution 64/289, by which the Assembly decided to establish the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). The information in the present consolidated document has been prepared for review by the Committee for Programme and Coordination and the General Assembly in accordance with regulation 6.2 of the Regulations and Rules Governing Programme Planning, the Programme Aspects of the Budget, the Monitoring of Implementation and the Methods of Evaluation (ST/SGB/2000/8). For each affected subprogramme, introductory information is provided, including references to related new and/or revised mandates that give rise to the programmatic adjustments.

Programme 7
Economic and social affairs

3. It would be recalled that under the provisions of paragraph 76 of General Assembly resolution 64/289, the Assembly requested the Secretary-General to submit for its approval during the sixty-fifth session a report containing a revised proposal for the use of regular budget resources approved for the biennium 2010-2011 for the normative support functions of the new Entity, in accordance with all relevant United Nations rules and procedures, including a detailed organizational chart of the Entity and options for administrative arrangements for its regular budget. In his report on the revised proposal for the use of regular budget resources for the normative support and functions of the Entity (A/65/531), the Secretary-General set out the programmatic and budgetary consequences for the regular budget arising from the establishment of UN-Women, and the related revisions to the programme narratives are proposed under subprogramme 2 of programme 7 of the strategic framework for the period 2010-2011 (A/63/6/Rev.1).

4. By its resolution 65/259, the General Assembly endorsed the proposal of the Secretary-General and approved an appropriation under a new section 37,

UN-Women, of the programme budget for the biennium 2010-2011. Revisions to the programmatic aspect are hereby submitted for consideration by the Committee for Programme and Coordination.

5. In this context, subprogrammes 2 (a), Intergovernmental support and strategic partnerships, and 2 (b), Policy and programme activities are proposed to replace the text in subprogramme 2 of programme 7, Economic and social affairs, of the strategic framework for the period 2010-2011 (ibid.).

Subprogramme 2
Gender issues and advancement of women

(a) Intergovernmental support and strategic partnerships

Objective of the Organization: To strengthen the achievement of gender equality and the advancement of women, including women's full enjoyment of their human rights

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Enhanced capacity of the Commission on the Status of Women to fulfil its mandates, including the promotion of gender mainstreaming in all political, economic and social spheres	(a) (i) Increased number of Member States reporting to the Commission on the Status of Women on actions taken to implement gender mainstreaming at the national level (ii) Increased proportion of resolutions and decisions of the functional commissions of the Economic and Social Council that incorporate a gender perspective
(b) Increased capacity of the United Nations system entities to mainstream gender perspectives and to undertake targeted measures to empower women in policies and programmes of the United Nations system in a coherent way	(b) (i) Increased number of actions taken by United Nations entities, individually and/or collaboratively, to incorporate gender perspectives in their policies, programmes and projects in a coherent way (ii) Improved gender balance through effective implementation of gender-sensitive human resources policy measures by the United Nations system entities
(c) Increased capacity of UN-Women to mobilize resources to support Member States' efforts to achieve national and internationally agreed gender equality priorities	(c) (i) Increase in the total amount of available resources for UN-Women to disburse (ii) Increase in number of Member States that contribute to UN-Women

	(iii) Increase in resources generated through partnerships with, and funds from, non-traditional funding sources (private foundations and private individuals)

(b) Policy and programme activities

Objective of the Organization: To support Member States in the implementation of their national commitments to eliminate discrimination against women and girls, empower women and achieve equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security, including by leading and coordinating United Nations system efforts at regional and country levels

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Advancements in gender equality and the elimination of gender discrimination through support to and the promotion of the full and effective implementation of the Beijing Platform for Action, the outcomes of the twenty-third special session of the General Assembly and the 2005 World Summit and the Convention on the Elimination of All Forms of Discrimination against Women	(a) (i) Increased number of policies and actions taken at the national and regional levels to implement the Beijing Platform for Action, the outcome of the twenty-third special session, the Convention on the Elimination of All Forms of Discrimination against Women and the 2005 World Summit (ii) Increased number of representatives of non-governmental organizations that participate in the work of the Commission on the Status of Women
(b) Increased understanding of and enhanced policy support for measures to implement all relevant resolutions and decisions on gender issues, including on women and armed conflict	(b) (i) Increased number of United Nations entity-specific policies and action plans developed with the support of UN-Women on implementation of resolutions and decisions on gender issues, including on women and armed conflict
(c) Increased number of local, national, regional and global development strategies, legal frameworks, laws, policies and budgetary frameworks that incorporate gender equality in line with national, regional and internationally agreed commitments to gender equality	(c) (i) Number of local, national, regional and global plans, strategies and budgets that incorporate gender equality in line with relevant commitments (ii) Evidence of changes in quantity and quality of aid flow towards gender equality (iii) Number of local and national legal frameworks/laws that incorporate gender equality in line with national, regional and global commitments

	(iv) Number of ministries of finance that issue gender-responsive budgeting guidelines
(d) Capacities of policymakers, national machineries for women, gender equality experts, advocates and their organizations, and policy and service delivery institutions are enhanced to enable them to more effectively advance gender equality and women's empowerment and to protect women's human rights	(d) (i) Number of key decision-making forums where the presence of gender-equality experts, advocates and organizations results in stronger commitments to gender equality
	(ii) Key policymakers and gender-equality advocates understand costing of gender equality in national plans and budgets as effective means for investing in women
	(iii) Evidence of changes in institutional performance of policy and service delivery institutions
	(iv) Extent to which key policy and service delivery institutions have increased budgets for promoting gender equality and women's human rights
	(v) Availability of sex-disaggregated data and statistics
(e) Increased capacity to provide resources to programme countries through multi-donor funding arrangements that respond to demands for seed funding and technical expertise	(e) Amount of funding UN-Women disburses through multi-donor trust funds, basket funds, gender facilities and special thematic or regional funds
(f) Increased capacity of UN-Women to lead and coordinate, as needed, more coherent United Nations system support to countries, including through United Nations country teams, to implement commitments to gender equality and to undertake gender mainstreaming	(f) (i) Joint programmes providing coherent United Nations country team support to national gender equality priorities
	(ii) United Nations or other gender coordination mechanisms led or co-led by UN-Women
	(iii) Number of United Nations country teams implementing United Nations country team performance indicators on gender equality and other tools that measure accountability of United Nations country teams to gender equality

	(iv) Number of countries and regional hubs where UN-Women has the capacity to provide coherent support to gender equality and is actively providing support to Member States and coordination and leadership of United Nations country teams/regional director teams

Strategy

6. The substantive responsibility for subprogramme 2 (a) is vested with the Intergovernmental Support and Strategic Partnerships Bureau, while responsibility for subprogramme 2 (b) is vested with the Policy and Programme Bureau, which is comprised of the Policy Division, the Programme Support Division and the regional divisions.

7. UN-Women will bring together the normative support, advocacy, coordination, operational and capacity development, training and research functions to ensure an even greater impact from United Nations support in these areas. The fulfilment of the objective will result from expanding support to Member States at the national level, in line with national priorities; strengthening coherence between the normative support provided to global intergovernmental processes and the technical and thematic advice provided to national partners at the country level; and providing leadership, strengthening coordination and promoting accountability on gender equality and women's empowerment and support to gender mainstreaming across the United Nations system.

8. The key focus areas for UN-Women are: (a) expanding women's voice, leadership and participation by working with partners to close the gaps in women's leadership and participation in all sectors and demonstrate the benefits of such leadership for society as a whole; (b) ending violence against women by enabling States to set up the mechanisms needed to formulate and enforce laws, policies and services that protect women and girls, promote the involvement of men and boys and prevent violence; (c) strengthening the implementation of women's peace and security agenda through women's full participation in conflict resolution and peace processes, gender-responsive early-warning, protection from sexual violence and redress for its survivors in accordance with resolutions adopted by United Nations bodies; (d) enhancing women's economic empowerment in the context of global economic, food, fuel and environmental crises by working with Governments and multilateral partners (United Nations Development Programme, International Labour Organization, World Bank, regional development banks) to ensure the full realization of women's economic security and rights, including the right to productive assets and social protection; and (e) making gender equality priorities central to national, local and sectoral planning, budgeting and statistics by working with the United Nations country teams and other partners to assist countries to formulate and cost gender equality plans, ensure gender-responsive budgeting, support the reporting requirements of the Committee on the Elimination of Discrimination Against Women and build national capacity for the implementation of decisions of the Committee.

Legislative mandates

General Assembly resolutions

34/180	Convention on the Elimination of All Forms of Discrimination against Women
54/4	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
54/134	International Day for the Elimination of Violence against Women
59/164	Improvement of the status of women in the United Nations system
59/167	Elimination of all forms of violence against women, including crimes identified in the outcome document of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century"
63/156	Trafficking in women and girls
63/157	Future operation of the International Research and Training Institute for the Advancement of Women
64/137	Intensification of efforts to eliminate all forms of violence against women
64/139	Violence against women migrant workers
64/140	Improvement of the situation of women in rural areas
64/141	Follow-up to the Fourth World Conference on Women and full implementation of the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly
64/217	Women in development
64/289	System-wide coherence

Economic and Social Council resolutions and decisions

76 (V)	Communications concerning the status of women
304 (XI)	Report of the Commission on the Status of Women (fourth session)
1992/19	Communications on the status of women
1996/6	Follow-up to the Fourth World Conference on Women
1996/31	Consultative relationship between the United Nations and non-governmental organizations
1998/26	Advancement of women: implementation of the Platform for Action of the Fourth World Conference on Women and the role of operational activities in promoting, in particular, capacity-building and resource mobilization for enhancing the participation of women in development
1999/257	Enabling the Commission on the Status of Women to continue to carry out its mandate

2004/4	Review of Economic and Social Council agreed conclusions 1997/2 on mainstreaming the gender perspective into all policies and programmes in the United Nations system
2005/232	Declaration of the Commission on the Status of Women on the occasion of the tenth anniversary of the Fourth World Conference on Women
2009/12	Mainstreaming a gender perspective into all policies and programmes in the United Nations system
2009/13	Future operation of the International Research and Training Institute for the Advancement of Women
2009/14	Situation of and assistance to Palestinian women
2009/15	Future organization and methods of work of the Commission on the Status of Women
2009/16	Working Group on Communications on the Status of Women of the Commission on the Status of Women

Economic and Social Council agreed conclusions

1997/2	Mainstreaming the gender perspective into all policies and programmes in the United Nations system

Security Council resolutions

1325 (2000)	Women and peace and security
1820 (2008)	Acts of sexual violence against civilians in armed conflict
1888 (2009)	Sexual violence against women and children in situations of armed conflict
1889 (2009)	Women and peace and security

III. Proposed programme budget for the biennium 2012-2013

9. New and/or revised mandates affect the programme narratives of the approved strategic framework for the period 2012-2013 under four programmes. In those instances, the programme plan has been revised for each of the affected programmes, and the present consolidated document has been prepared for review by the Committee for Programme and Coordination and the General Assembly. For each affected programme, introductory information is provided, including references to related new and/or revised mandates that give rise to the programmatic adjustments.

10. It is understood that any subsequent modifications to the programme narratives will be taken into account by the General Assembly at its sixty-sixth session when it reviews the proposed programme budget for the biennium 2012-2013.

Programme 2
Political affairs

11. Pursuant to General Assembly resolution 63/310, and following a review of the functional requirements supporting the peace and security partnership between the United Nations and the African Union, the Secretary-General proposed the creation of the United Nations Office to the African Union (UNOAU) in his report on the budget for the Office (A/64/762). The General Assembly approved the Secretary-General's proposal in its resolution 64/288 of 24 June 2010 and the Office officially came into existence on 1 July 2010.

12. Given that programmatically the Office carries out substantive functions related to peace and security, it has been decided that it would be more appropriate to place it as a separate component under section 3, Political affairs, of the proposed programme budget of the biennium 2012-2013.

13. In this context, a new subprogramme 10, United Nations Office to the African Union, is proposed to be included under programme 2, Political affairs of the strategic framework for the period 2012-2013.

Subprogramme 10
United Nations Office to the African Union

Objective of the Organization: To ensure full implementation of legislative mandates and compliance with United Nations policies and procedures with respect to the management of the programme of work and of staff and financial resources

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Improved reporting to the Security Council, the General Assembly, other intergovernmental bodies and troop-contributing countries to enable fully informed decisions on issues relating to peacekeeping	(a) (i) A framework is approved to assist the African Union in enhancing its peace and security architecture in the areas of early warning, conflict prevention, borders and elections
	(ii) Action plans for each of the three subclusters of the peace and security cluster of the ten-year capacity-building programme for the African Union are updated to reflect the recommendations of the review of the programme
	(iii) Coordination efforts increase among all capacity-building collaborating entities of the African Union through the participation of donor organizations
	(iv) African Union legislative bodies approve the first African Union mediation strategy for Africa

	v) The United Nations-African Union work programme on mediation is updated
	(vi) The United Nations-African Union Joint Task Force on Peace and Security continues to meet twice annually on strategic issues of mutual concern
(b) Rapid deployment and establishment of peacekeeping operations in response to Security Council mandates	(b) (i) Finalization of the third road map for the African Standby Force, incorporating lessons learned from phase 2 (and the Amani Africa exercise)
	(ii) Support for the African Union Mission in Somalia (AMISOM) attains the level of 12,000 military personnel for the first phase, as approved by the Security Council in its resolution 1964 (2010)
	(iii) The African Union completes the plan for the future phases of AMISOM deployment
(c) Increased efficiency and effectiveness of peacekeeping operations	(c) (i) Achievement of 85 per cent post incumbency
	(ii) Complete relocation of UNOAU to headquarters of the United Nations Economic Commission for Africa
	(iii) 100 per cent completion of the infrastructure renovations and reconstruction projects required to enable UNOAU to meet minimum operating security standards
	(iv) Full compliance with minimum operational security standards/minimum operating residential security standards for UNOAU premises and facilities

Strategy

14. The United Nations Office to the African Union has integrated the former United Nations Liaison Office at Addis Ababa, the African Union Peacekeeping Support Team and the United Nations planning team for the African Union Mission in Somalia (AMISOM), as well as the support elements of the Joint Support and Coordination Mechanism of the African Union-United Nations Hybrid Operation in Darfur (UNAMID). As agreed with the African Union, the Joint Support and Coordination Mechanism is co-located with UNOAU and relies on that Office for administrative and logistical support. Its substantive mandates have not been integrated into the UNOAU, however, as it is a hybrid structure reporting to both the

United Nations and the African Union, while the UNOAU is a United Nations structure alone.

15. The aim of the UNOAU is to: (a) enhance the partnership between the United Nations and the African Union in the area of peace and security; (b) provide coordinated and consistent United Nations advice to the African Union on both long-term capacity-building and short-term operational support; and (c) streamline the United Nations presence in Addis Ababa to be more cost-effective and efficient in delivering United Nations assistance to the African Union.

16. UNOAU is intended to provide an improved mechanism for cooperation at the regional level, primarily with the African Union and subregional organizations throughout Africa. The Office also coordinates with United Nations peacekeeping operations and special political missions on the continent, and, in so doing, enhances United Nations peace and security relations with the African Union.

17. In providing the African Union with a full range of capacity-building support, UNOAU coordinates its work with the full range of United Nations actors, particularly in relation to the Department of Political Affairs-led peace and security cluster of the ten-year capacity-building programme, and liaises and coordinates with other clusters within the programme. The Office also participates in the mechanisms in Addis Ababa that coordinate donors and other partners.

Legislative mandates

General Assembly resolutions

52/220	Questions relating to the proposed programme budget for the biennium 1998-1999
60/268	Support account for peacekeeping operations
64/288	Financing of the United Nations Office to the African Union

Security Council resolutions

1744 (2007)	Situation in Somalia
1772 (2007)	Situation in Somalia
1769 (2007)	Reports of the Secretary-General on the Sudan

Programme 7
Economic and social affairs

18. Programmatic narratives have been revised under subprogramme 2, Gender issues and advancement of women. As a consequence, subprogramme 2 (a), Intergovernmental support and strategic partnerships, and subprogramme 2 (b), Policy and programme activities, are proposed to replace the text in subprogramme 2, under programme 7, Economic and social affairs, of the strategic framework for the period 2012-2013 (A/65/6/Rev.1) to reflect the creation of UN-Women by the General Assembly in its resolutions 64/289 and 65/259.

Subprogramme 2
Gender issues and advancement of women

(a) Intergovernmental support and strategic partnerships

Objective of the Organization: To strengthen the achievement of gender equality and the empowerment of women, including women's full enjoyment of their human rights

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Enhanced capacity of the Commission on the Status of Women to fulfil its mandates, including the promotion of gender mainstreaming in all political, economic and social spheres	(a) (i) Number of statements by Member States to the Commission on the Status of Women on actions taken to implement gender mainstreaming at the national level
	(ii) Number of statements made to the Commission on the Status of Women by non-governmental organizations accredited by the Economic and Social Council on actions taken to implement gender mainstreaming
(b) Enhanced capacity of the United Nations system entities to mainstream gender perspectives, to improve the representation of women and to undertake targeted measures to empower women in policies and programmes of the United Nations system in a coherent way	(b) (i) Number of initiatives of the United Nations entities that incorporate gender perspectives in substantive policies and programmes
	(ii) Number of United Nations country teams that are applying performance indicators on gender equality in the common country assessments/United Nations Development Assistance Frameworks
	(iii) Number of gender-sensitive human resources policy measures by the United Nations system entities
(c) Enhanced capacity of UN-Women to support Member States' efforts to achieve national and internationally agreed gender equality priorities	(c) (i) Total amount of available financial resources (excluding regular budget resources) for UN-Women
	(ii) Number of Member States that voluntarily contribute funds to UN-Women

(b) Policy and programme activities

Objective of the Organization: To support Member States in the implementation of their national commitments to eliminate discrimination against women and girls, empower women and achieve equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security, including by leading and coordinating United Nations system efforts at the regional and country levels

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Enhanced policy support for the promotion of the full and effective implementation of the Beijing Platform for Action, the outcomes of the twenty-third special session of the General Assembly and the 2005 World Summit and the Convention on the Elimination of All Forms of Discrimination against Women	(a) Increased proportion of resolutions and decisions of the functional commissions of the Economic and Social Council that incorporate a gender perspective
(b) Effective implementation of Security Council resolution 1325 (2000) on women, peace and security by the United Nations system	(b) Number of initiatives by United Nations system entities related to the implementation of Security Council resolution 1325 (2000) on women and peace and security
(c) Strengthened commitment by countries to eliminate discrimination against women and girls and empower women, in line with internationally and regionally agreed United Nations commitments on gender equality	(c) (i) Number of countries that incorporate gender equality in line with relevant commitments in their national plans/strategies, legal frameworks and policies (ii) Number of countries that issue gender-responsive budgeting guidelines
(d) Improved capacity of national mechanisms for gender equality, service delivery institutions and advocacy organizations to more effectively advance gender equality and women's empowerment and protect women's human rights	(d) (i) Increased representation of gender equality experts, advocates and organizations in key decision-making forums (ii) Number of countries that increase the availability of their national sex-disaggregated data and statistics
(e) Enhanced capacity of UN-Women to mobilize and manage multi-donor funding arrangements that respond to demands from programme countries	(e) Amount of funds secured through multi-donor trust funds, basket funds and special thematic or regional funds
(f) Enhanced capacity of UN-Women to lead and coordinate United Nations system support to Member States at the country level to implement commitments to gender equality and to undertake gender mainstreaming	(f) (i) Number of joint United Nations programmes formulated with the participation and/or assistance of UN-Women (ii) Number of United Nations or other gender coordination mechanisms led or co-led by UN-Women

Strategy

19. The substantive responsibility for subprogramme 2 (a) is vested with the Intergovernmental Support and Strategic Partnerships Bureau, while responsibility for subprogramme 2 (b) is vested with the Policy and Programme Bureau, which is comprised of the Policy Division, the Programme Support Division and the regional divisions.

20. UN-Women will bring together the normative support, advocacy, coordination, operational and capacity development, training and research functions to ensure an even greater impact from United Nations support in these areas. The fulfilment of the objective will result from expanding support to Member States at the national level, in line with national priorities; strengthening coherence between the normative support provided to global intergovernmental processes and the technical and thematic advice provided to national partners at the country level; and providing leadership, strengthening coordination and promoting accountability on gender equality and women's empowerment and support to gender mainstreaming across the United Nations system.

21. The key focus areas for UN-Women are (a) expanding women's voice, leadership and participation by working with partners to close the gaps in women's leadership and participation in all sectors and demonstrate the benefits of such leadership for society as a whole; (b) ending violence against women by enabling States to set up the mechanisms needed to formulate and enforce laws, policies and services that protect women and girls, promote the involvement of men and boys and prevent violence; (c) strengthening the implementation of women's peace and security agenda through women's full participation in conflict resolution and peace processes, gender-responsive early warning, protection from sexual violence and redress for its survivors in accordance with resolutions adopted by United Nations bodies; (d) enhancing women's economic empowerment in the context of global economic, food, fuel and environmental crises by working with Governments and multilateral partners (United Nations Development Programme, International Labour Organization, World Bank, regional development banks) to ensure the full realization of women's economic security and rights, including to productive assets and social protection, and (e) making gender equality priorities central to national, local and sectoral planning, budgeting and statistics by working with the United Nations country teams and other partners to assist countries to formulate and cost gender equality plans, ensure gender-responsive budgeting, support the reporting requirements of the Committee on the Elimination of Discrimination against Women and build national capacity for the implementation of decisions taken by the Committee.

Legislative mandates

General Assembly resolutions

34/180	Convention on the Elimination of All Forms of Discrimination against Women
54/4	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
54/134	International Day for the Elimination of Violence against Women

59/164	Improvement of the status of women in the United Nations system
59/167	Elimination of all forms of violence against women, including crimes identified in the outcome document of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century"
63/156	Trafficking in women and girls
63/157	Future operation of the International Research and Training Institute for the Advancement of Women
64/137	Intensification of efforts to eliminate all forms of violence against women
64/139	Violence against women migrant workers
64/140	Improvement of the situation of women in rural areas
64/141	Follow-up to the Fourth World Conference on Women and full implementation of the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly
64/217	Women in development
64/289	System-wide coherence
65/259	Questions relating to the programme budget for the biennium 2010-2011

Economic and Social Council resolutions and decisions

76 (V)	Communications concerning the status of women
304 (XI)	Report of the Commission on the Status of Women (fourth session)
1992/19	Communications on the status of women
1996/6	Follow-up to the Fourth World Conference on Women
1996/31	Consultative relationship between the United Nations and non-governmental organizations
1998/26	Advancement of women: implementation of the Platform for Action of the Fourth World Conference on Women and the role of operational activities in promoting, in particular, capacity-building and resource mobilization for enhancing the participation of women in development
1999/257	Enabling the Commission on the Status of Women to continue to carry out its mandate

2004/4	Review of Economic and Social Council agreed conclusions 1997/2 on mainstreaming the gender perspective into all policies and programmes in the United Nations system
2005/232	Declaration of the Commission on the Status of Women on the occasion of the tenth anniversary of the Fourth World Conference on Women
2009/12	Mainstreaming a gender perspective into all policies and programmes in the United Nations system
2009/13	Future operation of the International Research and Training Institute for the Advancement of Women
2009/14	Situation of and assistance to Palestinian women
2009/15	Future organization and methods of work of the Commission on the Status of Women
2009/16	Working Group on Communications on the Status of Women of the Commission on the Status of Women

Economic and Social Council agreed conclusion

1997/2	Mainstreaming the gender perspective into all policies and programmes in the United Nations system

Security Council resolutions

1325 (2000)	Women and peace and security
1820 (2008)	Acts of sexual violence against civilians in armed conflict
1888 (2009)	Sexual violence against women and children in situations of armed conflict
1889 (2009)	Women and peace and security

Programme 12
Human settlements

22. The Committee of Permanent Representatives of the United Nations Human Settlements Programme (UN-Habitat) entrusted its subcommittee, the Working Group on Work Programme and Budget to review and provide inputs on the UN-Habitat proposed work programme and budget 2012-2013. In its review of the work programme and budget 2012-2013, the Working Group recommended changing the indicator of achievement (d) of the expected accomplishment (d) under subprogramme 3, Regional and technical cooperation, as it would not be possible to obtain the requisite information to measure the performance of the indicator of achievement as it is currently stated. The Executive Director's report, including the recommended change, was submitted to the Governing Council of UN-Habitat at its twenty-third session, which was held from 11 to 15 April 2011. In its resolution 23/1, the Governing Council adopted the work programme and budget of UN-Habitat for the biennium 2012-2013.

Subprogramme 3
Regional and technical cooperation

Objective of the Organization: To improve sustainable urbanization through the formulation and implementation of urban and housing policies, strategies and programmes primarily at the national and regional levels

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Improved sustainable urbanization policies from local to regional levels	(a) (i) Degree to which national Habitat forums working with UN-Habitat promote a coordinated approach to sustainable urbanization issues, as evidenced by the number of forums partially and fully promoting a coordinated approach on sustainable urbanization issues (ii) Increased number of national planning instruments, including United Nations Development Assistance Frameworks and poverty reduction strategies, integrating sustainable urbanization issues with support from UN-Habitat
(b) Improved urban planning, management and governance at the national and local levels	(b) (i) Degree to which comprehensive urban planning, management and governance are promoted from the national level in targeted countries working in collaboration with UN-Habitat, as evidenced by the increased number of countries promoting comprehensive urban planning, management and governance (ii) Increased number of cities working with UN-Habitat, with improved capacity to apply urban planning, management and governance in post-crisis situations
(c) Improved access to land and housing	(c) Increased number of cities promoting access to land and housing in targeted countries working with UN-Habitat, including those affected by crises
(d) Expanded access to environmentally sound basic infrastructure services with special focus on the unserved and underserved population	(d) Level of access to environmentally sound urban infrastructures and services, especially in post-crises countries supported by UN-Habitat, as evidenced by the number of countries with improved access to environmentally sound urban infrastructure and services

Strategy

23. Responsibility for the subprogramme rests with the Regional and Technical Cooperation Division. The Division will not lead in the implementation of any one focus area, but will participate in the implementation of all five substantive focus areas of the medium-term strategic and institutional plan at the country and regional levels through the enhanced normative and operational framework. To achieve the subprogramme's objective and the expected accomplishments, UN-Habitat will effectively combine normative and operational functions in line with the enhanced normative and operational framework. The normative functions include setting standards, proposing norms and principles and providing examples of best practices and good policies built on experience gained at the country level. The operational activities, consisting of provision of technical assistance in policy formulation, capacity-building programmes and demonstration projects that support the normative work of UN-Habitat in developing countries and countries with economies in transition, will be implemented in line with the identified national priorities and approved United Nations reforms. The strategies to achieve the objective and expected accomplishments include:

(a) Strengthening the formulation and implementation of urban planning, management and governance and housing policies, strategies and programmes;

(b) Developing commensurate capacities at the regional, national and local levels in environmentally sound basic urban infrastructure services for the urban poor;

(c) Setting of standards, proposing of norms and principles and providing examples of good and best practices;

(d) National Habitat Programme Managers will support normative and operational activities at the country level, as well as coordinate the formulation of UN-Habitat country programme documents that inform engagement with Governments, United Nations country teams, United Nations Development Assistance Frameworks, poverty reduction strategy processes and resource mobilization at country level. Habitat programme managers will contribute to the visibility of human settlements issues and promote their mainstreaming in the United Nations Development Assistance Frameworks and other national development policy documents;

(e) Strengthened regional offices will coordinate activities carried out at the regional and country levels and contribute to knowledge management activities in close collaboration with all subprogrammes, including partnering with regional forums. They will also backstop operational activities at the country level and build capacity in disaster prevention and management and ensure rapid and effective response to post-conflict crises and disasters, as required;

(f) Disseminating results of monitoring and assessment through various publications, both hard copy and electronic, including the flagship report series, the State of the Region's Cities;

(g) Conducting gender-specific analysis on all interventions and policies, as appropriate, to ensure gender equality. Further, to ensure expanded and equitable access to programme benefits, efforts will be made to create conditions that support women's participation and ensure that programme interventions promote and support activities that increase women's empowerment.

Legislative mandates

General Assembly resolutions

59/243	Integration of the economies in transition into the world economy
59/250	Triennial comprehensive policy review of operational activities for development of the United Nations system
64/129	Assistance to refugees, returnees and displaced persons in Africa

Governing Council resolutions

19/7	Regional and technical cooperation
19/15	Countries with economies in transition
19/18	Human settlements development in the occupied Palestinian territories
20/14	Special Human Settlements Programme for the Palestinian People
20/15	Habitat Programme Managers and regional offices
20/17	Post-conflict, natural and human-made disaster assessment and reconstruction

Programme 18
Economic and social development in Western Asia

24. At its twenty-sixth session, held in Beirut from 17 to 20 May 2010, the Economic and Social Commission for Western Asia (ESCWA) approved two draft resolutions for adoption by the Economic and Social Council. The recommendations contained in the two draft resolutions were as follows:

(a) The Commission requested the secretariat of ESCWA to complete the administrative measures relating to the upgrade of the current Centre for Women to the level of a Division (E/ESCWA/RES/L.295);

(b) The Commission requested the secretariat of ESCWA to upgrade the Section for Emerging and Conflict-Related Issues to the level of a Division (E/ESCWA/RES/L.294).

25. The above two draft resolutions were considered by the Economic and Social Council at its substantive session in 2010, and the Secretariat submitted an oral statement of programme budget implications stating that financial implications for the biennium 2012-2013 would be considered in accordance with established budgetary procedures in the context of the proposed programme budget for the biennium 2012-2013. However, the Economic and Social Council decided to defer consideration of the draft resolutions to its substantive session in 2011. In the meantime, the proposals to upgrade the current Centre for Women to the level of a Division responsible for subprogramme 6 and to upgrade the Section for Emerging and Conflict-Related Issues to the level of a Division responsible for subprogramme 7, along with the related resources, have been put forward in anticipation of a favourable decision. Should decisions be contrary to the assumptions made herein, the General Assembly would be advised accordingly through appropriate mechanisms.

26. Accordingly, programme narratives have been revised under subprogramme 6, Advancement of women, and subprogramme 7, Conflict mitigation and development, to include one additional expected accomplishment with two related indicators of achievement in each of the subprogrammes. The revised subprogrammes are presented below.

Subprogramme 6
Advancement of women

Objective of the Organization: To reduce gender imbalances, encourage exchange of lessons learned among member countries and contribute to increased respect of the rights of women in line with international conventions and conferences

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Enhanced knowledge and capacity of national machineries for women to implement and monitor the implementation of the Convention on the Elimination of All Forms of Discrimination against Women and be effective agents in promoting a positive role for women in the socio-economic and political development of their societies	(a) (i) Increased number of initiatives (strategies, policies and programmes) for the advancement of women, designed by national machineries for women with ESCWA assistance, are adopted and implemented in their respective countries (ii) Increased number of national machineries for women showing improved reporting on periodical reports submitted to the Committee on the Elimination of Discrimination against Women
(b) Strengthened capacity of member countries to mainstream gender in national policies, plans, statistics and programmes	(b) (i) Increased number of initiatives undertaken by Governments, with support from ESCWA, to mainstream gender in selected pilot ministries and their respective policy papers, structure, programmes and disseminated information (ii) Increased number of gender-disaggregated data sets, including gender analysis publications, developed by member countries with support from ESCWA
(c) Strengthen the capacity of member countries in fighting gender-based violence	(c) (i) Increased number of initiatives by member countries to raise awareness of gender-based violence in the society (ii) Increased number of plans, programmes and strategies produced with support from ESCWA that include measures to fight gender-based violence

Strategy

27. The responsibility for implementing the subprogramme lies with the ESCWA Centre for Women. The subprogramme will build on the experience gained in previous bienniums and continue to advocate for the advancement of women.

28. As the recent reports from member countries for the midterm review of the Beijing Platform for Action (Beijing+15) have shown, many improvements were seen in the past five years in relation to the status of women in the fields of socio-economic and political development. This is especially true in the areas of education, access to health and legal reform. Nonetheless, representation of women in the economic sphere and in decision-making positions remains one of the lowest in the world. The problem is exacerbated given the limited amount of reliable gender-disaggregated data and information available. At the same time, the need to develop region-specific gender indicators has also arisen among the member countries to ensure the availability of a comprehensive and effective measurement of the region's development in the field of gender equity.

29. Most member countries in the ESCWA region have ratified the Convention on the Elimination of All Forms of Discrimination against Women and have been periodically reporting on the progress made on implementation in the fields of legislation and actual access to rights. Furthermore, some countries are actively lifting some of the reservations that were made to the Convention. Nevertheless, there is a need to widely disseminate the Convention among States where it has already been ratified and promote it among other member countries that are still considering ratification. As has been shown by reports made to the Committee on the Elimination of Discrimination against Women, as well as the concluding comments and recommendations made by the Committee, efforts are still needed to ensure that member countries are fulfilling their international obligations and commitments and producing quality periodical reports.

30. Similarly, most countries have engaged over the past years in gender mainstreaming activities at the national level and in line ministries. In fact, many of the member countries have developed initiatives for national mainstreaming strategies. Nevertheless, work in this area remains limited to familiar terrain and has not been generalized to all fields and contexts and hence has a weak impact on existing structures.

31. Although in most of the member countries a national body for women has been established with a strong mandate, the limited financial resources and lack of staff with adequate training have hindered the active engagement of national machineries for women at the policy or programmatic levels. Furthermore, the limited exchange of experience among existing machineries has resulted in the repetition of past efforts without analysing the lessons learned from them.

32. Finally, the inability to engage civil society to take an active role in the policy dialogue has been one of the key hindering factors affecting the positive involvement of all stakeholders in promoting the equal status and equity agenda.

33. The expected accomplishments will be achieved by servicing and providing assistance to member countries through: (a) needs assessments; (b) documentation and dissemination of knowledge; (c) the provision of advocacy tools and research methodology; (d) the sharing of knowledge and experience; (e) ensuring that socio-economic development issues related to the advancement and empowerment

of women are adequately addressed in the intergovernmental debate; (f) assisting member countries in the development and implementation of national policies and international conventions; and (g) providing training and capacity-building activities on gender issues.

Subprogramme 7
Conflict mitigation and development

Objective of the Organization: To mitigate the impact of conflict and its spillover effects on people and development in the ESCWA region

Expected accomplishments of the Secretariat	Indicators of achievement
(a) Enhanced capacity of member countries to identify, formulate, adopt and implement recovery and peacebuilding policies, strategies and mechanisms geared towards the structural prevention of conflict, mitigating its impact on development, addressing its regional spillover effects and the ramifications of emerging global issues	(a) (i) Increased number of policies, strategies and mechanisms identified and/or adopted by member countries and civil society dedicated to the structural prevention of conflict and mitigating its impact on development, with ESCWA assistance (ii) Increased percentage of civil servants and civil society representatives acknowledging, through follow-up survey responses, having benefited from ESCWA analytical activities and/or outputs dedicated to the formulation of national and regional peacebuilding and conflict mitigation policies, strategies and mechanisms that promote development
(b) Enhanced capacity of member countries to apply good governance models and best practices that strengthen public institutions to pre-empt conflict, achieve reconciliation, peace and attain development goals	(b) Increased number of modern tools and best practices introduced by national stakeholders, in partnership with ESCWA, to strengthen and modernize institutions in conflict-affected countries, with the prospect of enhancing service delivery and mitigating the impact of conflict and its spillover effects
(c) Establish intergovernmental body on emerging issues and development under crisis	(c) (i) Number of countries attending a meeting of the task force on addressing emerging issues and development under crisis (ii) Member countries agreeing and endorsing the terms of reference of the intergovernmental body on emerging issues and development under crisis

Strategy

34. The responsibility for implementing the subprogramme lies with the Section for Emerging and Conflict-Related Issues. The strategy is a response to the relentless struggle in the ESCWA region with the ramifications of continuous instability and resulting development deficits. It departs from the premise that conflict prevention, peacebuilding and development are inseparable and mutually reinforcing, and must be led by a strong public sector in which good governance practices are applied. Significantly, conflict mitigation measures targeting crisis-afflicted countries will inevitably reduce conflict across the region, and its repercussions.

35. As such, this strategy derives from the following: (a) the 2005 World Summit Outcome, which stresses the interlinkages of security, development and human rights; (b) the report of the Secretary-General on peacebuilding in the immediate aftermath of conflict (A/63/881-S/2009/304), which highlights capacity development and national ownership as a central element of peacebuilding and conflict prevention and calls for the support of regional organizations to enhance crisis management capacities; (c) the timely attainment of the internationally agreed development goals, including the Millennium Development Goals; (d) the United Nations Millennium Declaration, which states that development and poverty eradication depend on good governance within each country; and (e) the resolutions of Ministerial Sessions in which ESCWA member countries have called upon the Secretariat to mitigate the impact of conflict, occupation and instability on development, to strengthen the role of ESCWA in addressing the impact of conflict and instability within the context of social and economic development, and to enhance regional cooperation under unstable conditions.

36. The first pillar of the subprogramme will focus on building the capacity for development of ESCWA member countries, in particular countries affected by conflict, to implement peacebuilding policies, strategies and mechanisms that are geared towards the structural prevention of conflict or potential sources of conflict, mitigating its impact on development and addressing its regional spillover effects, as well as the ramifications of emerging global issues. The second pillar of the strategy is to strengthen the capacity of member countries to apply good governance models and best practices that enhance the capacity of public institutions to improve service delivery, to pre-empt conflict and to achieve reconciliation and peace and attain development goals.

37. The subprogramme will achieve these objectives by focusing its activities on three areas:

(a) Promoting revitalization/recovery policies and strategies, inclusive dialogue, reintegration and reconciliation as part of peacebuilding and conflict-mitigation policies and mechanisms;

(b) Developing the conflict management capacity of State institutions and strengthening the abilities of countries affected by conflict to provide basic services by restoring and strengthening core Government functions through public sector modernization;

(c) Addressing the ramifications of spillover effects generated by conflict and the impact of emerging global challenges on the most vulnerable ESCWA member countries, in particular the least developed countries.

38. In order to achieve the above, the subprogramme will examine suitable recovery and peacebuilding strategies and policies to attain sustainable development, as well as human and institutional development, particularly in conflict and post-conflict countries. These interventions will be based on advisory missions, field-oriented situation analysis, desk research and in-depth studies on the root causes of conflict, its impact on development as well as the spillover effects generated. Throughout its normative work, the subprogramme will solicit substantive inputs, including the challenges and the strategic development priorities of member countries and civil society representatives that are catalysts for peacebuilding. From its normative work, the subprogramme will also work towards developing policies, strategies and mechanisms that attain greater development interactions through greater regional integration. Regional integration policies will be geared towards reducing tensions and preventing conflict or mitigating its impact so as to facilitate attainment of national development goals.

39. The subprogramme will also focus on tailoring policies and other interventions that will mainstream good governance practices within the public sector, thereby enhancing its efficiency and service delivery capacity, consequently strengthening its ability to lead and sustain peacebuilding efforts in conflict and post-conflict countries.

40. Furthermore, the subprogramme will work closely with member countries, the United Nations system (United Nations country teams of countries affected by conflict in particular), the League of Arab States and other multilateral and/or regional organizations as well as civil society to develop conflict-sensitive policy recommendations that will enhance recovery and peacebuilding efforts in the region.

Legislative mandates

General Assembly resolutions

64/125	Assistance to the Palestinian people
64/150	The right of the Palestinian people to self-determination
64/185	Permanent sovereignty of the Palestinian people in the Occupied Palestinian Territory, including East Jerusalem, and of the Arab population in the occupied Syrian Golan over their natural resources

Economic and Social Council resolutions

2005/3	Public administration and development
2009/18	Report of the Committee of Experts on Public Administration on its eighth session
2009/34	Economic and social repercussions of the Israeli occupation on the living conditions of the Palestinian people in the Occupied Palestinian Territory, including East Jerusalem, and the Arab population in the occupied Syrian Golan

Security Council resolution

1645 (2005)	Post-conflict peacebuilding

Economic and Social Commission for Western Asia resolutions

260 (XXIII)	Development and regional cooperation under unstable conditions
271 (XXVI)	Strengthening the role of ESCWA in addressing the impact of conflict and instability within the context of social and economic development
282 (XXV)	Mitigating the impact of development of conflict, occupation and instability in ESCWA member countries

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Follow-up to the outcome of the Millennium Summit

Prevention and control of non-communicable diseases

Report of the Secretary-General

Summary

Non-communicable diseases represent a new frontier in the fight to improve global health. Worldwide, the increase in such diseases means that they are now responsible for more deaths than all other causes combined.

Commonly known as chronic or lifestyle-related diseases, the main non-communicable diseases are cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. While the international community has focused on communicable diseases such as HIV/AIDS, malaria and tuberculosis, the four main non-communicable diseases have emerged relatively unnoticed in the developing world and are now becoming a global epidemic. However, such diseases could be significantly reduced and prevented, with millions of lives saved and untold suffering avoided, through proven and affordable measures, many of which are complementary to global health efforts already under way. The knowledge and technology to fight the onset and effects of non-communicable diseases already exist. It's time to act to save future generations from the health and socio-economic harm of such diseases.

Note: The primary focus of the present report is on the four groups of diseases covered by the Global Strategy for the Prevention and Control of Non-communicable Diseases: cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which are largely caused by four shared behavioural risk factors. The same focus is given by General Assembly resolution 64/265. The broader scope of non-communicable diseases also includes conditions such as gastrointestinal diseases, renal diseases, neurological and mental health disorders. Those conditions account for a substantial portion of the global burden of disease. Although they are not specifically addressed by the content and focus of the present report, many of the approaches and opportunities for tackling non-communicable diseases described are also directly relevant to those conditions.

* A/66/50.

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In 2008, 36 million people died from non-communicable diseases, representing 63 per cent of the 57 million global deaths that year. In 2030, such diseases are projected to claim the lives of 52 million people. However, the demographic of lives lost is not readily apparent; people with non-communicable diseases often die young, with 9 million annual deaths occurring in persons under 60 years of age. The epidemic is fuelled by a combination of rising risk factors, including tobacco use, an unhealthy diet, lack of physical activity and harmful alcohol use. The four main non-communicable diseases that share those risk factors cause almost 80 per cent of all deaths from such diseases.

Non-communicable diseases affect the developing world and lower-income populations hardest. Strong evidence links poverty, lack of education and other social determinants to such diseases and their risk factors. A vicious cycle is created by the epidemic, whereby non-communicable diseases and their risk factors worsen poverty, while poverty results in rising rates of such diseases. The prevention of non-communicable diseases would reduce poverty, particularly since the majority of expenditures for treatment in low- and middle-income countries are paid privately or from out-of-pocket health-care systems. At the same time, because of the magnitude of the illness, the disabilities and premature deaths they cause and the long-term care required, non-communicable diseases reduce productivity and increase health-care costs, thereby weakening national economic development.

While non-communicable diseases have traditionally afflicted mostly high-income populations, current evidence shows that the spread of such diseases is associated with increasing levels of development. Death and disease from non-communicable diseases now outstrip communicable diseases in every region except Africa, where the rate of such diseases is quickly rising. By 2030, non-communicable diseases are projected to cause nearly five times as many deaths as communicable diseases worldwide, including in low- and middle-income countries.

The burden of non-communicable diseases in low- and middle-income countries goes beyond the fact that those countries are home to the world's largest populations. Unplanned urbanization, ageing populations and the globalization of trade and product marketing, particularly for tobacco, alcohol and food, have led to a rise in the risk factors of such diseases. The lack of health-care capacity and social protection systems in lower-income countries means that non-communicable diseases are more likely to cause people to become sick and die from them at earlier ages.

Furthermore, the health and socio-economic toll of the non-communicable disease epidemic is impeding achievement of the Millennium Development Goals, which are falling short of targets set in many countries. That is especially the case for Goals 4 and 5, on women's and children's health, which are intricately linked to non-communicable diseases, specifically since poor nutrition during pregnancy and early life causes a predisposition to high blood pressure, heart disease and diabetes later in life.

However, the impact of non-communicable diseases can be prevented with an approach that incorporates cost-effective, population-wide health-care interventions to address risk factors, known as public health "best buys", and primary health-care measures to treat those who have contracted or are at high risk of contracting such diseases. The widespread implementation of such interventions, which require modest investment, can lead to quick gains in counteracting the effects of non-communicable diseases.

The best buys for population-wide interventions include tobacco-control measures, including raising taxes and bans on advertising and smoking in public places; raising taxes on alcohol and enforcing bans on alcohol advertising; reducing salt intake; replacing trans-fats in foods with polyunsaturated fats; promoting public awareness about diet and physical activity; and delivering hepatitis B vaccinations. Primary health-care interventions include counselling, multi-drug therapy and screening and early treatment for cervical and breast cancers.

The obstacles are many yet the moral, social and economic imperative is clear. At present, there is an unprecedented ability to critically analyse weaknesses and opportunities in the emerging battle to prevent and control non-communicable diseases. Throughout the debate over best policy and programme action, it must be remembered that the health and socio-economic impacts of such diseases are largely preventable and that the public health foundation of research and technical skill needed for progress is strong.

Five recommendations for progress are as follows:

(a) The greatest reductions in non-communicable diseases will come from a complete Government approach to adopting population-wide interventions that address risk factors. Those interventions can be achieved through modest and cost-effective investment;

(b) Sustained primary health-care measures, including prioritized packages of essential interventions, along with palliative and long-term care, must be implemented for those who already have non-communicable diseases or who are at high risk of contracting them. Many of the health-care interventions can, at low cost, be supported through health-related public policies;

(c) Addressing non-communicable diseases requires strengthening the capacity of Member States to monitor such diseases, their risk factors and determinants, especially in lower-income countries and including social data disaggregated by, for example, gender;

(d) Lessons learned from national HIV/AIDS, tuberculosis and malaria programmes in low- and middle-income countries must be harnessed for effective integration of communicable and non-communicable disease initiatives;

(e) Prevention and control of non-communicable diseases must be given priority, and commitments must be made at the highest levels by Governments, the private sector, civil society, the United Nations and international organizations, which should all work together.

I. Introduction

1. The present report has been prepared in response to General Assembly resolutions 64/265 and 65/238. It reviews the current status of non-communicable diseases, outlines the burden they impose on global health and socio-economic development and provides recommendations to counteract such diseases by monitoring their trends, scaling up measures to reduce risk factors, strengthening health systems and services and improving access to health care. Data on the burden of non-communicable diseases and on their prevention and control strategies are based on the World Health Organization *Global Status Report on Non-communicable Diseases 2010*.[1]

2. Global initiatives to address non-communicable diseases started in 2000, with the adoption by the World Health Assembly of its resolution 53.17, in which the Assembly endorsed the global strategy for the prevention and control of such diseases.[2] The strategy rests on three pillars: surveillance, primary prevention and strengthened health care. Since 2000, the World Health Assembly has adopted several resolutions in support of specific tools for the global strategy, including the WHO Framework Convention on Tobacco Control in 2003, the Global Strategy on Diet, Physical Activity and Health in 2004; and the Global Strategy to Reduce the Harmful Use of Alcohol in 2010. In 2008, the Assembly endorsed the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. The action plan has six objectives, with a particular focus on low- and middle-income countries and vulnerable populations. It comprises a set of actions that, when performed collectively by Member States, international partners and the secretariat, will address the growing public-health burden imposed by non-communicable diseases. Its six objectives include raising the priority accorded to such diseases in development work at the global and national levels and integrating the prevention and control of such diseases into policies across all Government departments; establishing and strengthening national policies and plans; promoting interventions to reduce risk factors, mainly tobacco use, an unhealthy diet, physical inactivity and the harmful use of alcohol; promoting research; strengthening partnerships; and monitoring non-communicable diseases and their determinants and evaluating progress at the national, regional and global levels.

II. A rising epidemic

3. Of the 57 million global deaths in 2008,[3] 36 million, or 63 per cent, were due to non-communicable diseases, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. Total deaths from non-communicable diseases are projected to rise to 52 million in 2030. The rapidly growing magnitude of such diseases is driven in part by population ageing, the negative impact of urbanization and the globalization of trade and marketing. It is fuelled by the persistent increase in non-communicable disease-related risk factors, namely,

[1] Available from http://whqlibdoc.who.int/publications/2011/9789240686458_eng.pdf.

[2] Available from http://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf.

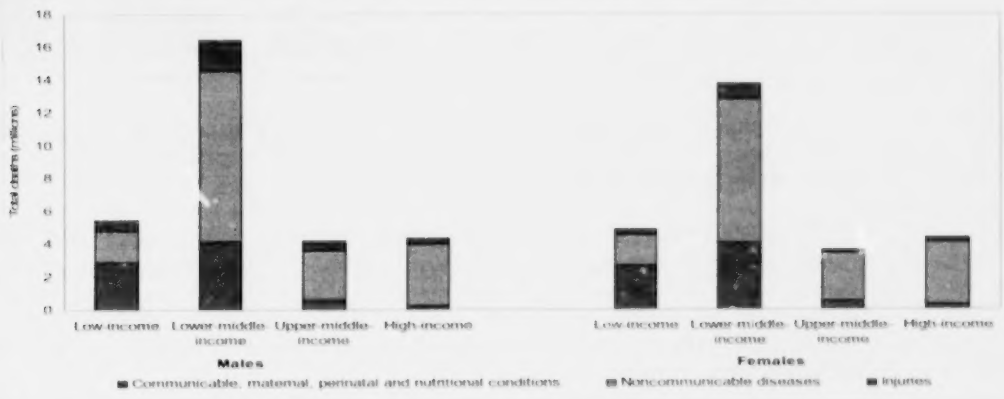
[3] A. Alwan et al., "Monitoring and surveillance of chronic non-communicable diseases: progress and capacity in high-burden countries", *The Lancet* (2010).

tobacco use, an unhealthy diet, lack of physical activity and harmful alcohol use, particularly in low- and middle-income countries.

A. Hidden, misunderstood and underrecorded

4. As the international community has intensified efforts to combat the global burden of communicable diseases such as HIV/AIDS, malaria and tuberculosis, a growing burden of non-communicable diseases has emerged relatively unnoticed in the developing world. Today, the burden of non-communicable diseases in low- and middle-income countries exceeds that in high-income countries. While popular belief holds that such diseases afflict mostly high-income populations, nearly 80 per cent of non-communicable disease-related deaths occur in developing countries. Non-communicable diseases are the most frequent causes of death in all regions of the world except Africa (see figure I), where such diseases are rising rapidly and are projected to cause almost three quarters as many deaths as communicable, maternal, perinatal and nutritional diseases by 2020 and to exceed them as the most common causes of death by 2030.

Figure I
Total deaths by broad cause group, World Bank income group and sex, 2008



Source: WHO, *The Global Status Report on Non-communicable Diseases 2010*.

5. In low- and middle-income countries, non-communicable diseases will be responsible for nearly five times as many deaths as communicable diseases by 2030. Over 80 per cent of cardiovascular and diabetes deaths, almost 90 per cent of deaths from chronic obstructive pulmonary disease and more than two thirds of all cancer deaths occur in low- and middle-income countries. The estimated percentage increase in cancer incidence by 2030 compared with 2008 will be greater in low-income (82 per cent) and lower-middle-income countries (70 per cent) than in upper-middle-income (58 per cent) and high-income countries (40 per cent).

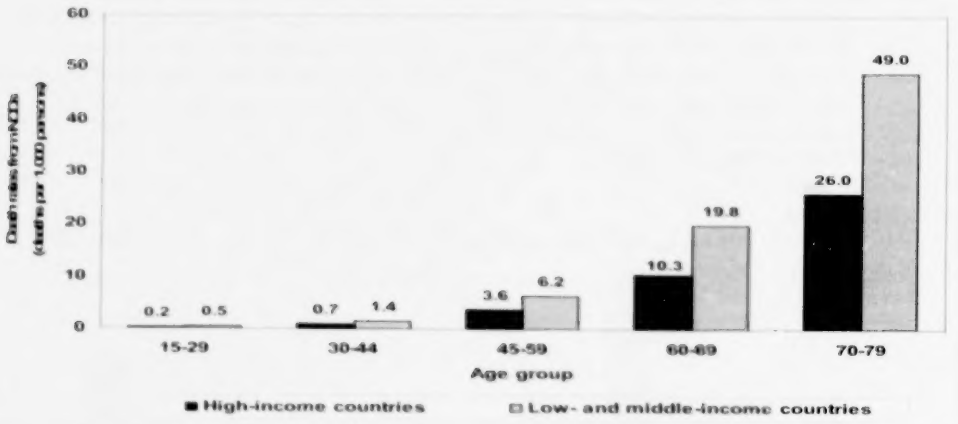
6. The large proportion of non-communicable disease-related deaths in low- and middle-income countries is not only the result of the fact that those countries have the largest populations. Urbanization and the globalization of trade and product marketing, particularly for tobacco, food and alcohol, have led to a rise in the risk factors of such diseases in the developing world. The lack of health-care capacity

and social protections in lower-income countries means that non-communicable diseases are more likely to cause people to become sick and die from them at younger ages.

7. As seen in figure II, death rates from non-communicable diseases are higher in low- and middle-income countries than in high-income countries across all age groups.

Figure II

Death rates from non-communicable diseases in high-income and in low- and middle-income countries, 2008



Source: WHO, *The Global Burden of Disease: 2004 Update*.

8. Lower-middle and upper-middle-income countries have higher rates of childhood obesity than high-income countries, and the highest smoking rate among men is found in lower-middle-income countries. The highest rates of high blood pressure are seen in Africa. The percentage of global cancer rates attributable to a few treatable chronic infections is substantially larger in low-income countries than in high-income countries.

9. Despite evidence of a global epidemic, non-communicable diseases are still not regarded by policymakers or the public as a global health priority. Because the diseases are common and their risk factors ubiquitous, many fail to understand the burden that such conditions exact on populations of the developing world. Perhaps because the risk factors of such diseases and other diseases are part of everyday life, many people fail to see the epidemic or recognize that it is largely preventable.

B. Current and future health risks

10. Cardiovascular diseases are responsible for the largest proportion of non-communicable disease-related deaths under the age of 70 (39 per cent), followed by cancers (27 per cent). Together with chronic respiratory disease and diabetes, they are responsible for almost 80 per cent of deaths caused by non-communicable diseases.

11. Premature death is a major consideration when evaluating the impact of non-communicable diseases on a given population, with approximately 44 per cent of all non-communicable disease-related deaths occurring before the age of 70. In low- and middle-income countries, a higher proportion (48 per cent) of all deaths from such diseases is estimated to occur in people under the age of 70, compared with high-income countries (26 per cent). The difference is even more marked in younger age ranges: in low- and middle-income countries, 29 per cent of non-communicable disease-related deaths occur among people under the age of 60, compared with only 13 per cent in high-income countries.

12. Although cardiovascular mortality has declined in some developed countries due to preventive and treatment measures, in all low- and middle-income countries where no such measures have occurred, cardiovascular diseases will continue to increase steeply in the coming decades, resulting in premature heart attacks and strokes that affect people in their economically productive years.

13. Cancer is predicted to be an increasingly important cause of death and disease in the coming decades in all regions of the world. Forecasted changes in population demographics in the next two decades mean that the estimated incidence of 12.7 million new cancer cases in 2008 will rise to 21.4 million by 2030, with nearly two thirds of all cancer diagnoses in low- and middle-income countries.

14. Based on the WHO *Global Status Report on Non-communicable Diseases 2010*, the overall prevalence of high blood pressure in adults aged 25 and over was approximately 40 per cent in 2008, with higher rates seen in lower-income countries. Unless action is taken, more than 80 per cent of the world's tobacco-related deaths will be in low- and middle-income countries by 2030. Annual tobacco-related deaths are projected to increase from about 6 million today to 8 million in 2030, accounting for 10 per cent of all deaths in that year. As automation increases in the workplace and at home, the lack of physical activity is also expected to increase. In some regions more than 40 per cent of adults, particularly women, are insufficiently active.

15. Furthermore, the growing globalization and industrialization of the food chain is leading to increased consumption of processed food, resulting in an upsurge in saturated fat, trans-fats, salt and refined sugars in the diet. The prevalence of overweight infants and young children has been rising steadily in recent decades and is expected to continue to rise. While the highest prevalence of overweight infants and young children is found in the upper-middle-income group, the fastest growth is in the lower-middle-income group. In 2008, 35 per cent of adults were overweight. Worldwide, an estimated 2.8 million people die each year as a result of being overweight. The worldwide prevalence of obesity has nearly doubled between 1980 and 2008. In some regions, such as Europe, the Eastern Mediterranean and the Americas, over 50 per cent of women are overweight.

16. The harmful use of alcohol takes an exceptionally high toll in the growing number of middle-income countries. In some regions, one in five male deaths is attributed to alcohol and nearly half of all alcohol-attributable deaths occur from non-communicable diseases.

17. Regarding occupational risks, the International Labour Organization attributes about 1.4 million non-communicable disease-related fatalities to factors including exposure to hazards at work.

C. Non-communicable diseases in other contexts

18. A gender perspective is critical to understanding differences in men's and women's risks of morbidity and mortality from non-communicable diseases. In 2008, such diseases killed 4.9 million men and 3.3 million women between the ages of 15 and 59 worldwide. More women aged 15 to 59 years die due to non-communicable diseases in Africa than in high-income countries.

19. The risk for men of dying from non-communicable diseases exceeds that of women in all age groups, a phenomenon that has been attributed to men's greater exposure to risk factors such as tobacco and the harmful use of alcohol, and their lower use of preventive health care and weaker social ties relative to women. Trends in other risk factors, however, also point to a growing burden of such diseases among women. Women tend to be less physically active than men, are more likely to be obese and, in some populations, are taking up smoking at alarming rates. In several developed countries, lung cancer death rates have been rising faster among women than among men, reflecting women's later uptake of tobacco use relative to men. That suggests that the gender gap in mortality from such diseases may narrow in the future. In that regard, more attention is needed for a gender-based approach founded on accurate gender-disaggregated data.

20. Non-communicable diseases and risk factors also have a significant impact on maternal and child health. Undernutrition in utero and low birth weights, which are particularly prevalent among low-income populations, increase the risks of cardiovascular diseases and diabetes. The rising prevalence of high blood pressure, diabetes and gestational diabetes is increasing adverse outcomes in pregnancy and maternal health. Improving maternal health and nutrition plays an important role in reducing the future development of such diseases in offspring.

III. Socio-economic impacts

21. The epidemic of non-communicable diseases creates serious socio-economic consequences by increasing individual and household impoverishment and thwarting human and economic development. As mentioned above, the distribution and impact of such diseases and their risk factors are highly inequitable and impose a disproportionately large burden on low- and middle-income countries and populations. Because poverty is closely linked with non-communicable diseases, the expanding epidemic of such diseases is predicted to impede poverty reduction initiatives in low-income countries and communities.

A. Impact on social and human development

22. Strong evidence links poverty, lack of education and other social inequities to non-communicable diseases and their risk factors. In high-income countries, for example:

- The prevalence of physical inactivity, daily smoking and regular alcohol consumption was found to be consistently highest among men and women with the least education. An additional four years of schooling was associated with a decreased risk of heart disease and diabetes.

- Blue-collar workers have significantly higher levels of cancer and female blue-collar workers have a higher incidence of metabolic syndrome, compared with female white-collar workers.
- Obesity is higher among women with lower-income levels.
- Heart diseases and diabetes are more prevalent among immigrants and indigenous peoples in certain countries.

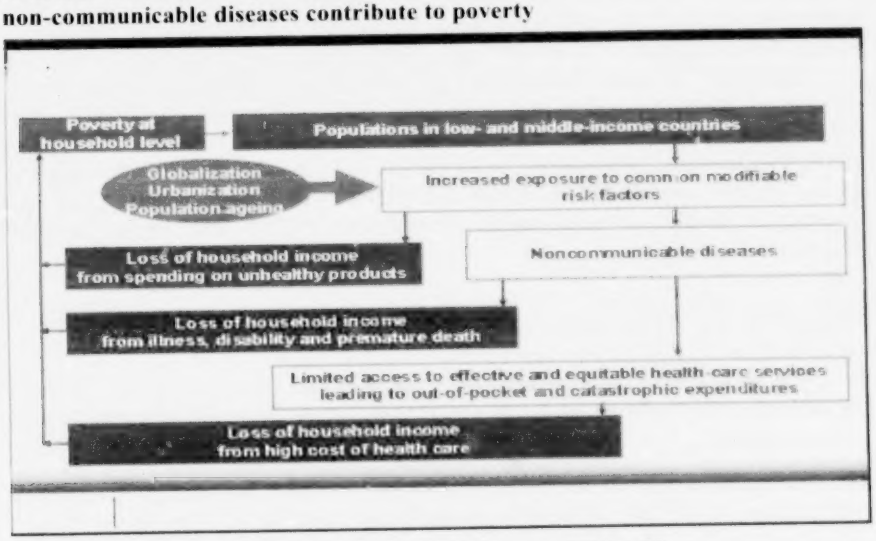
23. In low- and middle-income countries, an increasing number of studies show associations between non-communicable diseases and social determinants:

- Tobacco use, hypertension, physical inactivity and alcohol use are more common among people with lower educational achievement.
- Lower education levels and urban residency are associated with an increased risk of diabetes.
- Cardiovascular mortality rates decreased among educated people compared with those without formal education.
- Poor people are more likely to smoke and are at greater risk of being exposed to a number of non-communicable disease-related risk factors, including second-hand smoke and harmful alcohol use, as well as suffering from asthma.

B. Impact on household income

24. Non-communicable diseases lead to loss of household income from unhealthy behaviours, poor physical capacity, long-term treatment and high cost of health care.

Figure III
A vicious circle: poverty contributes to non-communicable diseases and non-communicable diseases contribute to poverty


Poverty at household level
Populations in low- and middle-income countries
Globalization
Urbanization
Population ageing
Increased exposure to common modifiable risk factors
Noncommunicable diseases
Loss of household income from spending on unhealthy products
Loss of household income from illness, disability and premature death
Limited access to effective and equitable health-care services leading to out-of-pocket and catastrophic expenditures
Loss of household income from high cost of health care

Source: *Global Status Report on Non-communicable Diseases 2010*, p. 35.

25. From a risk factor perspective, tobacco is a particular problem. People in many low-income households spend a significantly higher portion of their household budgets on tobacco compared with high-income households. That causes a reduction of household spending on other important needs, most notably education and medical care. Alcohol can also significantly drain family expenditures.

26. Poor physical capacity as a result of non-communicable diseases often prevents people from working or seeking employment, thus reducing household income. Annual income loss from such diseases, from days spent ill or providing care, amounted to an estimated $23 billion (0.7 per cent of gross domestic product) in India in 2004.

27. Treatment for cardiovascular diseases, cancer, diabetes and chronic respiratory diseases can quickly drain household resources, driving families into poverty. The WHO *World Health Report 2010*[4] states that each year 100 million people are pushed into poverty because they had to pay directly for health services. The report indicates that out-of-pocket payments represent more than 50 per cent of total health expenditures in a large number of low- and middle-income countries. A multi-country review of drug costs showed that it costs an average of two to eight days' wages to purchase a one-month supply of at least one cardiovascular medicine. Paying for care associated with diabetes, heart diseases and cancer can cost low-income households up to a third of their incomes, and can lead to distress borrowing and selling of assets. Catastrophic hospitalization expenditures are higher with non-communicable diseases compared with communicable diseases.

C. Impact on economic development

28. Non-communicable diseases have become a major component of health-care system expenditures in developed countries as well as in the developing world. Estimated losses in national income from heart disease, stroke and diabetes in 2005 were estimated at $18 billion in China, $11 billion in the Russian Federation, $9 billion in India and $3 billion in Brazil. Health-care costs and productivity losses are increasing in most developing and developed countries irrespective of population size and are consuming a growing portion of national budgets. For the Latin America and Caribbean region, diabetes health-care costs were estimated at $65 billion annually, or between 2 and 4 per cent of gross domestic product and 8 to 15 per cent of national health-care budgets. Oman has experienced a 64 per cent increase in health-care expenditures from 1995 to 2005, due largely to non-communicable diseases.

D. Impact on the Millennium Development Goals

29. The socio-economic impacts of non-communicable diseases are also affecting the Millennium Development Goals, which are falling short of the targets set in many countries.

30. Preventing non-communicable diseases is important for Goal 1 (on poverty and hunger), as they have a negative impact on productivity and family income and

[4] WHO, *World Health Report: Health Systems Financing: The Path to Universal Coverage* (Geneva, 2010).

because a substantial proportion of household income is spent on health care in low-income countries.

31. Regarding Target 1c (to halve, between 1990 and 2015, the proportion of people who suffer from hunger), improper nutrition during pregnancy is associated with stillbirths and pre-term births and increases the risk of gestational diabetes. There is also a significant relationship between maternal nutrition, foetal health and vulnerability to cardiovascular disease and diabetes later in life.

32. Non-communicable disease prevention and control may also contribute to the achievement of Goal 2 (on universal primary education), since costs for non-communicable disease-related health care, medicines, tobacco and alcohol displace household resources that might otherwise be available for education. The problem is particularly acute in very poor families, which have the most to gain from education of their children.

33. There are also strong links with Goals 4 and 5 (on child and maternal health). The rising prevalence of high blood pressure and gestational diabetes is increasing the adverse outcomes of pregnancy and maternal health. Diabetes during pregnancy presents serious risks to both the woman and the baby. The prevalence of gestational diabetes may be as high as 20 per cent among high-risk populations. The reported incidence of maternal mortality of pregnant women with type 1 diabetes is 5 to 20 times higher compared to women without diabetes. Smoking is an additional risk factor for foetal growth and development. Furthermore, mothers who smoke are likely to breastfeed for shorter periods of time and have lower quantities of and less nutritious milk. Exposure to second-hand tobacco smoke also increases the risks of childhood respiratory infections, sudden infant death and asthma.

34. The increasing burden of non-communicable diseases also threatens Goal 6 (to combat HIV/AIDS, malaria and other diseases), by interfering with effective tuberculosis control. In an analysis of 22 countries that account for 80 per cent of the global tuberculosis burden, diabetes was associated with 10 per cent of adult tuberculosis cases, smoking with 21 per cent and harmful alcohol use 13 per cent. Smoking is implicated in over 50 per cent of tuberculosis deaths in India.

35. Goal 8, to develop a global partnership for development, aspires to provide access to affordable essential drugs in developing countries. However, international efforts to provide such access are often focused on AIDS, tuberculosis and malaria. At a time when most ill health and deaths are caused by non-communicable diseases, it is important for essential health care for such diseases to be included in initiatives on health needs and development.

IV. A preventable epidemic

36. The ability already exists to counteract the non-communicable disease epidemic, thus saving millions of lives, preventing untold suffering and reducing enormous costs. Knowing how to reduce such diseases is not the problem; the problem is lack of action.

37. The greatest reductions in non-communicable diseases will come from population-wide interventions to address the risk factors of tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol. Such interventions are low-cost, cost-effective and even revenue-generating in some cases; they are

especially inexpensive when compared with procedures necessary for patients with advanced stages of disease. But effective interventions are not implemented on a wide scale for a variety of factors, including inadequate political commitment, insufficient engagement of non-health sectors, lack of resources, vested interests of critical constituencies and limited engagement of key stakeholders.

38. Appropriate health care for people with non-communicable diseases will reduce complications, disability and premature death. However, such health care remains lacking or inadequate in many settings, and access to essential technologies and life-saving medicines is limited, particularly in low- and middle-income countries.

39. The close links with child and maternal health and the importance of early-life origins of non-communicable diseases require that preventive and health-care interventions relating to such diseases be integrated into reproductive, maternal and child health programmes, especially at the primary health-care level.

A. Preventing causative factors and addressing determinants: a multisectoral challenge and response

40. Quick gains against the non-communicable disease epidemic can be achieved through modest investments in interventions. What is needed for widespread implementation of the interventions is the active engagement of non-health sectors and a complete Government approach, including sectors such as education, trade, agriculture, food security and the environment.

41. Among actions that should be taken immediately are "best buys" and "good buys". A best buy is an intervention that is not only highly cost-effective but also cheap, feasible and culturally acceptable to implement. Good buys are other interventions that may cost somewhat more or generate somewhat less health gain but still provide good value for money.[5] Best buys to reduce major risk factors for non-communicable diseases include:

- Smoke-free workplaces and public places
- Warnings about the dangers of tobacco
- Comprehensive bans on tobacco advertising, promotion and sponsorship
- Raising excise taxes on tobacco and alcohol
- Restricting access to retail alcohol
- Enforcing bans on alcohol advertising
- Reducing salt and sugar content in packaged and prepared foods and drinks
- Replacing trans-fats with unsaturated fat in food
- Promoting public awareness about diet and physical activity through education and consumer information, including through mass media
- Delivering hepatitis B vaccine immunization

[5] WHO, *Global Status Report on Non-communicable Diseases 2010* (Geneva, 2010).

42. In addition to best buys, there are many other cost-effective and low-cost population-wide interventions that can reduce risk factors for non-communicable diseases. They include nicotine dependency treatment, enforcing drunken driving laws, promotion of adequate breastfeeding and complementary feeding, restrictions on the marketing of foods and beverages that are high in salt, fats and sugar, especially to children, and the introduction of food taxes and subsidies to promote a healthy diet.

43. There are other population-wide interventions that focus on cancer prevention. Almost 70 per cent of cervical cancer is preventable, and vaccinations for human papillomavirus (HPV), the main cause of cervical cancer, are particularly effective. Prevention through early detection, such as screening for breast and cervical cancers, can also be effective in reducing the cancer burden and death.

44. Most population-wide interventions must originate outside of a country's health sector, requiring multisectoral partnerships and a health-in-all-policies approach by Government. For example, the best buys of raising excise taxes on tobacco and alcohol must be accomplished by governmental agencies and policymakers outside the health sector. Similarly, education campaigns focusing on healthier diets and increased physical activity cannot be developed by the health sector alone. Such efforts need support from civil society, academia, non-governmental organizations and others to achieve success.

45. Industry and the private sector must be engaged. Their role is critical in population-wide behavioural interventions. For example, initiatives by the food industry in reformulation to healthier products and in exercising responsible marketing are crucial. Food operators and suppliers can improve the availability of healthy food products, including fruits and vegetables and foods with lower levels of saturated fats, added sugars and salt. Marketers can comply with recommendations against the marketing of food and non-alcoholic beverages to children.

B. Providing essential health care: strengthening health-system capacity and response

46. The long-term nature of many non-communicable diseases demands a comprehensive health system response that brings together a trained workforce with appropriate skills, affordable technologies, reliable supplies of medicines, referral systems and the empowerment of people for self-care, all over a sustained period of time.

47. If rising non-communicable disease trends in low- and middle-income countries are to be reversed, current approaches to addressing such diseases need to be changed. At present, the main focus of health care for such diseases in many low- and middle-income countries is hospital-centred. In the case of cardiovascular disease and diabetes, a large proportion of people at a high risk remain undiagnosed, and even those who have been diagnosed have insufficient access to essential primary health care to prevent complications.

48. When a non-communicable disease diagnosis is made, it is often at a late stage of the disease, when people become symptomatic and are admitted to hospitals with

acute events or long-term complications and disabilities. Treatment for advanced stage diseases is expensive as high-technology interventions are required.

49. In many countries, cancer patients currently have limited or no access to care owing to delayed diagnosis, lack of trained oncologists and specialized nursing staff and a lack of diagnostic facilities such as pathology services, specialist equipment and drugs. Radiotherapy facilities in developing countries are deficient, with some 36 countries lacking any radiotherapy services. The availability of oral morphine and staff trained in palliative care is limited in many low- and middle-income countries, even though such services can be made available at a low cost.

50. While the strengthening of health-care systems must be the ultimate goal, short- and medium-term measures are necessary for people who either already have non-communicable diseases or who are at high risk of contracting them. Such measures should create prioritized packages of low-cost, high-impact essential interventions at the primary health-care level. Non-communicable disease treatment programmes can further benefit from greater community engagement, acceptance and individual self-care.

C. Assessing the capacity of countries to address non-communicable diseases

51. According to WHO surveys conducted in 2000 and 2010, the capacity of Member States to prevent and control non-communicable diseases is uneven, with advancement mostly in high-income countries. Many countries have at least one policy, plan or strategy to address such diseases or their risk factors. However, most of the policies and plans are for individual risk factors or diseases rather than an integrated and multisectoral approach, and a large percentage of them are not operational or are insufficiently funded.

52. Improving country-level surveillance and monitoring systems that are integrated into existing national health information systems must be a priority in the fight against non-communicable diseases. Three necessary components of all non-communicable disease surveillance are: (a) monitoring exposures to risk factors; (b) monitoring outcomes, namely, morbidity and disease-specific mortality; and (c) surveying health system responses, including national capacity to prevent non-communicable diseases through, for example, policies and plans, infrastructure, human resources and access to essential health care and medicines.

53. The availability to treat non-communicable diseases in low-income countries is one quarter that in high-income countries. Even in hospital settings in low-income countries, the availability of basic technologies and treatment for such diseases is often severely lacking. A study conducted in some low-income countries revealed that up to two thirds of generic medicines were not freely available in the public sector and almost 50 per cent were not available in the private sector.

V. The way forward

54. The global non-communicable disease epidemic can be countered through population-wide and individual health-care interventions that are proven, evidence-based and within the grasp of nearly all countries. However, there are many barriers

to success owing to the wide scope of actions required at the national and global levels, the various sectors that must be involved in interventions and the many vested interests that may try to block or weaken them. To succeed, the prevention and control of such diseases must be given priority and political commitment at the highest levels of governments. The way forward should include the considerations set out below.

Multisectoral action and "health in all policies"

55. Addressing risk factors and social determinants is beyond the capability of the health sector alone, as international experience demonstrates the need for strong engagement of non-health sectors. Effective multisectoral action requires the adoption of "health in all policies" approaches, meaning that sectors outside the health sector must consider health issues when formulating policies, strategies and standards. Examples of guidelines that promote multisectoral action can be found in the WHO *Global Status Report on Non-communicable Diseases 2010*.

A life-course approach

56. Non-communicable diseases and their risk factors are best addressed throughout the course of people's lives, through healthy behaviours and early diagnosis and treatment that begin before pregnancy and continue through childhood and adult life. Fostering meaningful community participation and engagement along with active partnerships among multiple stakeholders is imperative.

Surveillance and monitoring

57. A standardized framework of measurable core indicators must be adopted to monitor trends and progress.

Reduced risk factors

58. Multisectoral action must immediately address non-communicable disease-related risk factors through population-wide interventions that are affordable, cost-effective and can even be revenue-generating for Governments.

Health-system strengthening

59. People with non-communicable diseases must receive improved basic health care, which can be attained by addressing gaps in all six health-system components: finance, governance, health workforce, health information, essential medicines and technologies and service delivery. Above all, a strong primary care system is critical, especially where resources are limited. Health-care services models should be transformed from acute emergency care to chronic lifelong care. A first pragmatic step is to develop a realistic set of high-impact and cost-effective interventions to prevent, detect and treat such diseases.

Non-communicable disease-related risk factors and the trade, marketing and production of food

60. Government and private sector entities involved in the food supply can dramatically improve diet at the global and country levels through regulations, incentives and voluntary efforts. The reformulation of processed food can reduce salt and saturated and trans-fats, and changes in trade, taxation and subsidy policy

can increase the availability of fruit, vegetables and other healthy foods. The supply of fruits and vegetables can also be improved by supporting local sustainable production and building up an efficient local supply chain. In that regard, policies aimed at scaling up livestock production need to be reconsidered, while at the same time ensuring adequate sea and land sources of unsaturated fat. Standards for the marketing of food and non-alcoholic beverages can be developed and implemented based on recommendations endorsed by the World Health Assembly and others.

Essential medicines and technology

61. Governments, in collaboration with the private sector, should give greater priority to treating chronic diseases and improving the accessibility of medicines to treat them. Important mechanisms for providing sustainable access to medicines include the development and use of evidence-based guidelines for the treatment of non-communicable diseases, efficient procurement and distribution of medicines in countries, the establishment of viable financing options and promoting the use of generic medicines. Subsidies should be established to help the poorest segments of the population. In addition, the development of new medical treatments and technology is needed. Necessary policies regarding research and development, intellectual property and other areas can be modelled after successes that improved access to new medicines for HIV/AIDS and tuberculosis.

Social protections

62. The ultimate protection for people at high risk or who already have non-communicable diseases is universal health insurance coverage. A significant factor in the unequal distribution of such diseases among low- and middle-income countries is the lack of public or private health insurance. Universal social protections must be the goal.

Non-communicable diseases in emergency situations

63. Crisis situations such as natural disasters and prolonged conflict can have a significant effect on patients of non-communicable diseases. Local communities and the international humanitarian community should develop the capacity to ensure continuity of health care during crises, while preparedness should include stores of essential medications and technology for such diseases.

Non-communicable diseases and migration

64. Conditions surrounding the 1 billion migrants worldwide can increase exposure and vulnerability to non-communicable disease-related risk factors. While the focus of migratory health initiatives has been on communicable diseases, Governments must also integrate migrant health into the control and prevention policies for such diseases.

Non-communicable diseases and occupational health

65. Part of the burden of non-communicable diseases is attributable to occupational risk factors including exposure to chemical, physical, biological, ergonomic and psychosocial hazards at work. Regulation to prevent exposure to such hazards must be implemented as necessary. Multisectoral action, including

monitoring by concerned social partners, is critical to reinforce implementation of national policies on health at work.

Advances in information and communications technology

66. Advances in information and communications technologies have made access to information easier and cheaper and should be used to further expand the availability of health information. Mobile telephones and the Internet give remote communities an opportunity to be connected to health services, and such devices also facilitate the collection of clinical and public health data.

VI. Conclusions

67. Member States and the international community have made the non-communicable disease epidemic a priority. Urgent action is now needed at all levels. The High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in New York on 19 and 20 September 2011, is a historic opportunity for Heads of State and Government to commit to concrete actions and to address impediments for success in the fight against non-communicable diseases. The recommendations below are proposed for Member States, the private sector, civil society and United Nations agencies and international organizations.

VII. Recommendations

68. It is recommended that Member States:

(a) Include prevention and control of non-communicable diseases among priorities in national health strategies and plans;

(b) Implement cost-effective population-wide interventions, including through regulatory and legislative actions, for the non-communicable disease-related risk factors of tobacco use, unhealthy diet, lack of physical activity and harmful alcohol use;

(c) Strengthen national information systems by implementing a surveillance framework that monitors key risk factors and determinants, morbidity and mortality and health-system capacity. Set standardized national targets and indicators to assess the progress made in addressing non-communicable diseases;

(d) Promote multisectoral and "health in all policies" approaches to address the social determinants and risk factors of non-communicable diseases;

(e) Engage non-health sectors and key stakeholders, including the private sector and civil society, in collaborative partnerships to promote health and reduce non-communicable disease-related risk factors;

(f) Implement international agreements and strategies to reduce risk factors, including the 2003 WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol;

(g) Revitalize primary health care and promote access to cost-effective interventions for non-communicable diseases, including access to essential medicines and technologies;

(h) Mobilize additional resources and support innovative approaches to financing essential non-communicable disease health-care interventions within primary health care.

69. It is recommended that the private sector:

(a) Promote healthy behaviour among workers, including occupational safety through good corporate practices, workplace wellness programmes and insurance plans;

(b) Contribute to improved access and affordability for the essential medicines and technologies for non-communicable diseases;

(c) Ensure responsible and accountable marketing and advertising, especially with regard to children;

(d) Ensure that foods needed for a healthy diet are accessible, including reformulating products to provide healthier options.

70. It is recommended that civil society:

(a) Mobilize political and community awareness in support of non-communicable disease prevention and control;

(b) Address shortcomings in non-communicable disease prevention and treatment services for marginalized populations and crisis situations and build community capacity in promoting healthy diets and lifestyles;

(c) Mobilize additional resources and support innovative approaches to financing the prevention and control of non-communicable disease.

71. It is recommended that United Nations agencies and international organizations:

(a) Acknowledge the threat of the non-communicable disease epidemics to sustainable development and integrate cost-effective preventive interventions into the development agenda and related investment programmes, including poverty reduction initiatives, in low- and middle-income countries;

(b) Develop, in collaboration with Member States, a global set of indicators to monitor non-communicable disease trends and assess the progress countries are making to reduce the burden of such diseases;

(c) Ensure the effective engagement of all non-health sectors in health and non-communicable disease policies;

(d) Ensure the active engagement of United Nations agencies, funds and programmes in global and regional initiatives to address the health and socio-economic impacts of non-communicable diseases.